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Bib Data Sheet

CONFIRMATION NO. 6950

<b>SERIAL NUMBER</b> 10/726,605	<b>FILING OR 371(c) DATE</b> 12/04/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 032304-089
<b>APPLICANTS</b> John F. Shanley, Redwood City, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/231,007 08/30/2002 which is a CON of 09/649,217 08/28/2000 PAT 6,562,065 which is a CON of 09/183,555 10/29/1998 PAT 6,241,762 which claims benefit of 60/079,881 03/30/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/15/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 23
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 043027				
<b>TITLE</b> Expandable medical device with curved hinge				
<b>FILING FEE RECEIVED</b> 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	